

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-816)</b>							SERIAL NO. OF <div style="font-size: 1.5em; font-family: cursive;">09889913</div>	FILING DATE
							APPLICANT(S)	
<div style="font-size: 1.2em; font-weight: bold;">7250 CLAIMS</div>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51	
2							52	
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TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	

PTO-1340 (2-78)

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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